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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs described in this report were conducted during 2004. There are no evaluations covered in this report.

Introduction

1. In 2004, UNICEF implemented programmes in 21 countries in the Eastern and Southern Africa region. Eight countries, (Eritrea, Ethiopia, Lesotho, Malawi, Mozambique, South Africa, Tanzania, and Zambia), conducted MTRs. In addition, 163 studies, reviews, assessments and evaluations covering the priorities of the 2002-2005 medium-term strategic plan of UNICEF were submitted by country offices. Due to space limitations, only the MTR reports are presented in this paper; however the MTR findings are based on evaluations commissioned as part of the MTR process.

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Mid-term reviews

Eritrea

2. **Introduction.** The MTR process comprised document review, sectoral workshops and stakeholder and joint review meetings. Participants included the Government, United Nations agencies, non-governmental organizations (NGOs), donors and civil society. The country management team, with ESARO staff, met to highlight key issues and develop recommendations for the final report, which were discussed at a final MTR meeting chaired by the Government.

3. **The situation of children and women.** In terms of eradicating extreme poverty and hunger (Millennium Development Goal 1), data indicate a rise in acute malnutrition among children under 15, with an estimated 50,000 to 75,000 of them acutely malnourished. Low birthweight increased from 8 per cent to 18 per cent in 2001-2003.

4. Progress was mixed towards universal primary education (Goal 2), and gender equality (Goal 3). Net primary enrolment rose from 30 per cent in 1993-1995 to 46 per cent in 2001-2002. Urban-rural and interregional differences remain. Net primary school enrolment of girls increased from 30 per cent in 1994-1995 to 43 per cent in 2001-2002, but the gender gap increased.

5. Regarding child mortality (Goal 4) and maternal mortality (Goal 5), the under-5 mortality rate (U5MR) dropped from 136 to 93 per 1,000 live births in between 1993-1995 and 2001-2003. The infant mortality rate (IMR) decreased from 72 to 48 per 1,000 live births during that same period. The maternal mortality ratio (MMR) decreased from 985 per 100,000 live births in 1995 to about 630 in 2004. The 2002 Demographic and Health Survey reported 89 per cent of girls affected by female genital cutting.

6. Regarding Goal 6, combating HIV/AIDS, malaria, and other diseases, the adult prevalence rate for HIV/AIDS is 2.4 per cent. Malaria incidence dropped dramatically due to targeted spraying and increased use of nets.

7. Drought hampered progress towards Goal 7, environmental sustainability. Only 30 per cent of Eritreans have access to protected water sources. Only 3.6 per cent of the rural population, compared with 60 per cent of the urban population, have access to improved sanitation facilities.

8. **Progress and key results.** The overall goal of the 2002-2006 country programme is to promote healthy quality lives for Eritrean children, provide quality education, combat HIV/AIDS and protect children and women from abuse, exploitation and violence. The strategy comprises a human rights-based approach and community capacity development.

9. The main objective of the early childhood development (ECD) programme is to contribute to a reduction in maternal, infant and under-5 mortality; progress in reducing mortality was achieved, as noted above.

10. The education for development programme contributed to a rise in net primary enrolment from 30 per cent to 46 per cent. Access to education for the 60,000 people in internally displaced camps remains inadequate.

11. The water, environmental sanitation and hygiene programme supports the Government in improving access to adequate and potable water by vulnerable communities in particular. Since 2002, an additional 132,000 people have gained access to clean water through the construction of permanent facilities, and approximately 65,000 drought-affected people have benefited from emergency water distribution. However, only 1,800 households — less than 10 per cent of the mid-term target — were provided with latrines, and only 5 of the planned 75 water and sanitation facilities for schools and health centres were completed.

12. The child protection programme implemented two projects for orphans and other vulnerable children (OVC), supported the Government in the development of policy, legal and programmatic environments for protection, and supported the submission of the report of Eritrea to the Committee on the Rights of the Child. More than 2,700 war-affected orphans (14 per cent of target) were reunited with their families, and more than 1,100 host families (12 per cent of target) were supported through communities. No progress was made towards reunifying children who live or work on the street with their families and caregivers, or towards supporting the juvenile justice system.

13. The Communication for Child Rights programme achieved the following results: HIV/AIDS awareness workshops were conducted for 60,000 members of the Eritrean Defence Forces; a project for the prevention of mother-to-child-transmission (PMTCT) of HIV was established; voluntary counselling and testing (VCT) centres were constructed; and antiretroviral (ARV) treatment policies were developed. Landmine awareness was adopted into the primary school curriculum.

14. **Resources used.** Total expenditure from regular resources, other resources and the Consolidated Appeals Process (CAP) was $29 million, for the following components in the indicated percentages: ECD $7.9 million (27); education for development $3.4 million (12); water, environmental sanitation and hygiene $11 million (38); child protection $2 million (7); communication $2.6 million (9); and cross-sectoral costs $2 million (7). Regular resources were received according to the country programme recommendation. Other resources were lower than planned for ECD, education for development, and child protection programmes (62 per cent, 57 per cent and 34 per cent, respectively). Through the CAP, $19.7 million was received.

15. **Constraints and opportunities affecting progress.** Constraints included the continuing border dispute with Ethiopia; the severity of the ongoing drought and resulting food insecurity; the limited financial, technical, and managerial capacity of government bodies; the limited local means to implement the community capacity development strategy; and funding shortfalls.

16. The ECD programme was adversely affected by the continued drought and population displacement and by the effect of food insecurity on child and maternal nutrition. Staff shortages hampered implementation of the basic education programme. The child protection programme faced severe funding constraints, and according to the MTR, lacked clarity in its objectives and strategies.

17. **Adjustments made.** Capacity development in governance will become the main strategy for each sector, focusing on policy, organizational, and community levels. Programme integration and mainstreaming of cross-cutting issues will be prioritized, and this will support enhanced implementation of the community

capacity development strategy. There will be an increased focus on the more vulnerable sections of the population in both rural and urban areas.

18. While no major changes were necessary, the country programme structure underwent some reorganization. The ECD programme changed its name to the "health and nutrition programme" to reflect its broader focus, and a non-funded project was closed. HIV/AIDS, formerly a project in the communication for child rights programme, became a separate unit reporting directly to the Representative. The unit undertook responsibility for mainstreaming HIV/AIDS as well as working with government agencies in advocacy and technical support.

Ethiopia

19. **Introduction.** The Government of Ethiopia-UNICEF Joint Coordinating Committee for the MTR held a national orientation workshop for federal and regional counterparts. Programme and operations working groups carried out a document review, questionnaire surveys, key informant interviews, field visits, and data analysis. The final MTR meeting brought together over 250 stakeholders in December 2004 and endorsed recommendations to be implemented through an action plan formulated by the MTR coordination committee.

20. **The situation of children and women.** In relation to Millennium Development Goal 1, the economy registered a negative growth rate in 2003 due to drought. Chronic malnutrition in certain areas and periodic surges in acute malnutrition rates continue to be a challenge.

21. Regarding Goals 2 and 3, net primary enrolment in 2002-2003 was 54 per cent (61 per cent for boys, 47 per cent for girls), with male enrolment exceeding female enrolment at every age and in every region. Data from 2003-2004 indicate that the gender gap decreased from 21 per cent to 18 per cent.

22. Regarding Goals 4, 5 and 6, available data indicate an IMR of 97 per 1,000 live births and a U5MR of 166 per 1,000 live births. Malnutrition and HIV/AIDS contribute to 57 per cent and 11 per cent of child deaths, respectively. The HIV prevalence rate was estimated at 13.7 per cent for urban areas and 3.7 per cent for rural areas.

23. Concerning protection, it is estimated that 1.2 million children have been orphaned by AIDS, a number projected to reach 1.8 million by 2007. Harmful traditional practices are widespread, including female genital cutting and violence against girls and women.

24. **Progress and key results.** The overall goal of the 2002-2006 country programme is to support national efforts towards the realization of the rights of children to survival, development, protection and participation. The programme used several strategies: convergence of sectoral activities to provide services that are family-focused, community-based and gender-sensitive; capacity-strengthening for effective planning and management; empowering families and facilitating community-led action; convergence of sector-based activities and programmes; the strengthening of partnerships; and targeted advocacy for the development of a supportive legal, policy and regulatory environment.

25. The education programme supported progress towards the national goal of increasing the gross enrolment rate (GER) to 65 per cent, reducing the gender gap,

reducing dropout and repetition rates, and improving the quality and relevance of education. Achievements included several key results: an official gross enrolment rate of 68.8 per cent, exceeding the end-cycle target of 65 per cent; a reduction of the gender gap from 20 per cent to 18.3 per cent; and the establishment of 278 child-friendly school clusters, against an end-cycle target of 500.

26. The health and nutrition programme supported national efforts to reduce infant, under-5 and maternal mortality rates and to reduce childhood malnutrition and disability. The programme increased immunization coverage of three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) from 51 per cent to 61 per cent, with a target set of 90 per cent by 2006; measles catch-up campaigns reached 89 per cent of children out of a target of 90 per cent; and polio eradication reached certification levels. Training in the Integrated Management of Childhood Illness (IMCI) was given to 29 per cent of workers out of a target of 60 per cent.

27. The gender and child protection programme supported activities addressing child vulnerability that were launched in 14 towns. Capacity-building workshops dealt with provisions of the Constitution and the National Family Law and supported the drafting, adoption and popularization of the Regional Family Law and the Penal Code.

28. In HIV/AIDS, UNICEF contributed to completion of the Youth Policy. Experiences from four PMTCT sites are being used to improve national implementation.

29. The water and environmental sanitation (WES) programme exceeded its targets of the master plan of operations (MPO) due to availability of emergency funds. Against a target of 775 new water supply schemes, 992 were constructed, and 1,256 systems were rehabilitated out of a targeted 425. The procurement of drilling rigs was a major capacity-building intervention, unplanned in the MPO. More than 600,000 household latrines, 14,232 demonstration latrines, 95 communal latrines, and 62 school latrines were constructed (against targets of 137,500; 26,664; 127; and 86, respectively).

30. **Resources used.** The approved budget for the first half of the country programme was $65 million, comprising $35 million in regular resources and $30 million in other resources. Total funding received was $82.7 million ($35 million in regular resources and $47.8 million in other resources). In addition, $47.4 million in emergency funds were raised. By end-June 2004, 79 per cent of regular resources and 63 per cent of other resources had been utilized, excluding emergency funds. Total expenditure was $97 million, allocated to these areas in the indicated percentages: education (9); early warning and disaster-preparedness (4); gender and child protection (2); health (63); HIV/AIDS (4); programme development, monitoring and evaluation (1); and WES (17).

31. **Constraints and opportunities affecting progress.** Constraints included overstretched human resources and rapid staff turnover; inadequate funding for some projects in some regions; insecurity; and outstanding cash advances to the Government.

32. Sector-specific constraints included weaknesses in the stock management of vaccines and other health commodities, and low utilization of antenatal services. Cultural barriers and low literacy continue to limit the impact of HIV/AIDS prevention, care and support activities. Delays in receiving education supplies and

equipment have affected implementation. The funding and scale of child protection interventions is insufficient.

33. Among the opportunities noted are those brought by the new national health extension programme (HEP) to increase both access to and use of health services. In addition, the national commitment to decentralization holds the potential to bring decision-making autonomy and budget control to rural communities. Regarding HIV/AIDS, the involvement of community-based organizations holds promise for the care and support component. A National HIV/AIDS Council, Secretariat and subnational AIDS councils were established. Education is a key national strategy for poverty reduction and sustainable development, and the Government has created favourable conditions for promoting girls' education, empowering women, addressing human rights, and providing educational opportunities.

34. **Adjustments made.** Support for implementation and expansion of the health extension programme to provide basic health care at community level will be prioritized. UNICEF will consolidate its work with youth partners on building an effective response for OVC. A new partnership will be established with the Ministry of Agriculture and Rural Development to support the transition from emergency to development.

Lesotho

35. **Introduction.** A steering committee and three working groups were established to carry out the MTR. The Department of Sectoral Programming and UNICEF served as the secretariat. Working group membership was drawn from the Government, NGOs, national institutions and other United Nations organizations.

36. **The situation of children and women.** Lesotho has the third-highest HIV/AIDS incidence in the world, with an adult seroprevalence of 29 per cent. In the 15-24 age group, seroprevalence is 51 per cent among females and 25 per cent among males. Nearly three quarters of all new infections occur in women aged 12-24 years.

37. The IMR rose from 74 to 81 deaths per 1,000 live births from the 1990s to 2000, and the U5MR increased from 99 to 113 per 1,000 live births.

38. Recent surveys confirm high rates of protein-energy malnutrition, but the overall nutritional status of children appears to be improving, with the proportion of underweight children declining from 18 per cent in 2000 to 15 per cent in 2002.

39. In school enrolment and literacy, the scales are tipped in favour of girls and women. In 2002, primary school enrolment was 82 per cent for boys and 88 per cent for girls. The literacy rates for persons aged 15 years and above are 73 per cent for males and 90 per cent for females.

40. **Progress and key results.** The goal of the current country programme is to make a lasting contribution to realizing the vision of the nation through promoting respect for the rights of children and women. Strategies used are advocacy and social mobilization; increasing access to an integrated package of quality basic social services; and the strengthening of institutional and community capacities.

41. The children's quality of life programme contributed to the following results: an increase in immunization coverage from 71 per cent to 77 per cent; and the training of 50 per cent of caregivers in Integrated Early Childhood Development

(IECD) centres, and 100 per cent of resource teachers, in best care practices in 5 of 10 districts. UNICEF also assisted the Lesotho Law Reform Commission in drafting the Child Protection and Welfare Bill, due to be approved by Parliament in 2005.

42. The Education for All programme contributed to an increase in enrolment and retention by 10 per cent, largely the result of a school feeding programme jointly implemented by UNICEF and the World Food Programme (WFP). UNICEF provided technical and financial support for training in life skills, gender and HIV/AIDS for 8,000 of the 10,000 primary school teachers.

43. As part of the adolescent development programme, UNICEF supported capacity-building activities and policy development, including a Social Welfare Policy (2003); Draft Adolescent Health Policy (2003); Gender Policy (2002); National Youth Policy (2003); Child Protection and Welfare Bill (2004); Sexual Offences Act (2003); and a youth chapter within the Poverty Reduction Strategy Paper.

44. The social policy development and planning programme supported the Government in adopting new and amended legislative instruments, in enacting a comprehensive child rights statute and the of strengthening of data collection through incorporating areas covered by the Convention on the Rights of the Child. Achievements included support for the drafting of the Child Protection and Welfare Bill mentioned above and the development of a computerized database on orphaned children.

45. **Resources used.** The total budget, to October 2004, was $11.2 million. Requisitions comprised $8.3 million and expenditure $6.8 million. Expenditure by programme and percentage was for child survival, care and development (28.5), Education for All (28.8), adolescent development (22.6), and social policy development and planning (20). Funds received were in line with MPO targets. Additional funds of $1.4 were received through the CAP.

46. **Constraints and opportunities affecting progress.** Major constraints included conceptual difficulties in implementation of the life cycle approach (stemming from a lack of adequate data for the age groups covered and a continued focus on sectors) and the human rights-based approaches to programming; a significant appreciation of the local currency against the United States dollar; and outstanding cash advances to Government at the beginning of the country programme. Other constraints included the lacunae in policy and legislative frameworks regarding nutrition and children with disabilities and a lack of funding for some projects; capacity gaps in government; and limited media capacity to raise public awareness on rights.

47. Opportunities noted were the galvanization of the Government and other partners for urgent action on HIV/AIDS prevention, care and support for children. The United Nations Development Assistance Framework (UNDAF) process is providing opportunities for joint programming. The new education sector-wide approach and education sector-wide strategic plan provide opportunities to leverage funds for national development goals.

48. **Adjustments made.** The country programme will prioritize support for preventing morbidity and mortality, promoting the child's right to a healthy development, and protecting children and young people in the face of the humanitarian crisis. The child survival, care and development programme will

expand its focus beyond survival towards child care and protection for vulnerable children. The Education for All programme will address protection issues such as sexual, emotional, and physical abuse.

Malawi

49. **Introduction.** The MTR involved the Government, civil society, donors and United Nations agencies. All programmes carried out desk reviews and field visits, two carried out in-depth reviews, and two (early child care and education) undertook thematic evaluations. The formal MTR meeting endorsed the findings and recommendations.

50. **The situation of children and women.** HIV prevalence among adults aged 15-49 was 14.4 per cent in 2003, and an estimated 900,000 people were living with HIV. The 15-24 age group accounts for 46 per cent of new HIV infections, and 60 per cent of infections in this age group occur among girls.

51. Infant and child mortality rates are unchanged since 2000: 104 and 189 per 1,000 live births, respectively. There is a shortfall of 64 per cent for nurses and 95 per cent for medical specialists.

52. Between 2000 and 2003, stunting declined from 49.5 to 45.1 per cent of children, the percentage of children underweight declined from 25.4 to 21.9 per cent, and wasting among children dropped from 5.5 to 4.9 per cent.

53. Primary school enrolment is 81 per cent and nears gender parity, with slightly more girls enrolled than boys. The urban-rural disparity remains a problem.

54. **Progress and key results.** The overall goal of the 2002-2006 country programme is to improve the situation of children and women in fulfilling their rights. The goals of the programme are consistent with national priorities of alleviating poverty, reducing the spread of HIV/AIDS and contributing to improved governance and human rights. Strategies include advocacy for policy development and social mobilization; community capacity development; service delivery; strengthening partnerships; and emergency preparedness and response.

55. The health programme achieved the following results: immunization coverage reached 80 per cent (target 90 per cent); some 37 per cent of under-5 children and 33 per cent of pregnant women are sleeping under insecticide-treated mosquito nets (ITNs), out of a target of 60 per cent; coverage of PMTCT services expanded from one pilot site in 2001 to 36, including 30 supported by UNICEF; and the proportion of young people accessing sexual and reproductive health services increased from 11 per cent in 2001 to 56 per cent in 2004 in target areas (target 80 per cent).

56. The early child care/support to orphans and families affected by HIV/AIDS programme contributed to several key results: (a) some 2 million individuals were informed of the 17 key care practices across 11 of 28 districts; (b) a national policy on OVC was launched in 2004, and a rapid appraisal, analysis and action-planning process took place in 2004; and (c) UNICEF trained more than 1,000 caregivers in community care and support and, with WFP, brought food to more than 200,000 children.

57. Among the key areas of progress of the WES programme, 1,087 water points were rehabilitated and repaired and 1,067 households improved their sanitation; in schools, 1,065 VIP latrines and 63 new water points were constructed, meeting 65

per cent of targets, and UNICEF supported the development of a national sanitation policy.

58. Among the results of the basic education programme: parity between boys and girls in enrolment was achieved in standards 1 and 2 (equivalent to grades 1 and 2), and retention and completion rates in target schools were improved; and life-skills education materials were developed and distributed to 2.3 million out of the total 3.2 million primary school children.

59. The social policy, advocacy and communication programme achieved the following results: (a) a review of laws in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women was supported, and child rights monitoring committees were formed in nine districts; (b) influential decision- and policy-makers received information materials to raise awareness about rights; and (c) support was given to the development and launch of a national code of conduct on child labour.

60. Humanitarian programming is mainstreamed into all programmes. Strategic collaboration with United Nations agencies and other partners contributed to a reduction in cholera cases, from 33,150 in 2001-2002 to 3,040 in 2003, representing a 90-per-cent reduction, and a decrease in the number of deaths from 981 to 58, with a case fatality rate of 1.9 per cent. Another achievement was the reduction of acute malnutrition. According to nutrition surveys conducted in 2002 by Save the Children Fund (United Kingdom) and the Oxfam Committee for Famine Relief, acute malnutrition had reached the alarming rate of 19 per cent. By 2003, this rate had fallen to 6 per cent, according to a UNICEF survey. The revitalization and upgrading of 60 nutrition rehabilitation units contributed to a reduction in the mortality rate from 30-40 per cent (2002) to 16-17 per cent (2003).

61. **Resources used.** Approved regular resources for 2002-2006 were $23.7 million, of which $13 million was allotted and $11.8 million was spent in these areas and percentages: health (23); ECD and children affected by HIV/AIDS (15); basic education (13); social policy advocacy and communication (14); and WES (5). Approved other resources funding was $35 million, which was revised to $52 million and spent on health (47); ECD (17); education (15); social policy, advocacy and communication (2.8); and WES (14.5). Another $10 million was secured through the CAP.

62. **Constraints and opportunities affecting progress.** Widespread poverty and weak governance contributed to inadequate resources and limited institutional and human capacity. The severe shortage of qualified staff, particularly in the health and education sectors, certain entrenched cultural practices and a resistance to change continued to impede the realization of the rights of children and women. Moreover, Malawi lacks a comprehensive strategy and legal framework to coordinate and enforce child protection efforts.

63. The sector-wide approach towards key development funding and the increasing resources for HIV/AIDS provide opportunities for improving the effectiveness and coverage of activities. Overall, the ongoing decentralization process is an opportunity to promote the human-rights approach to programming and increase participation.

64. **Adjustments made.** The programme will increase support to scale up and improve the HIV/AIDS response, particularly in relation to OVCs, VCT, PMTCT

"plus" and prevention among youth. The early child care programme will be implemented as an overarching strategy, not a separate programme. Better linkages will be established with national planning processes through greater involvement in the Poverty Reduction Strategy (PRS), sector reforms and decentralization. Country programme targets will be reformulated in a results hierarchy.

Mozambique

65. **Introduction.** The MTR was led by a steering committee, co-chaired with the Ministry of Foreign Affairs and Cooperation, with support from four sectoral working groups and one cross-sectoral reference working group (HIV/emergency). Government, key bilateral donors, United Nations, and NGO/community-based organization (CBO) partners participated in the working groups, as did young people, through focus-group discussions; all were represented at the MTR meeting in October 2004.

66. **The situation of children and women.** The proportion of the population living below the poverty line fell from 69 per cent in 1997 to 54 per cent in 2003. Economic growth was 7.1 per cent in 2003 and is projected at 7-8 per cent annually until 2006.

67. The U5MR decreased by 18 per cent, from 219 to 178 per 1,000 live births between 1997 and 2003. During the same period, the IMR decreased by 15 per cent, from 147 to 124 per 1,000 live births, and the MMR dropped to 408 per 100,000 live births. Measles immunization coverage of 1-year-old children rose from 58 per cent to 77 per cent between 1997 and 2003, and coverage with three doses of polio vaccine increased from 55 to 70 per cent.

68. Between 1997 and 2003, the GER and net enrolment rate (NER) rose from 75 per cent to 113 per cent, and 44 per cent to 69 per cent, respectively. The number of primary schools rose from 6,114 in 1998 to 8,077 in 2003. Between 1997 and 2003, primary school GER and NER among girls increased from 62 per cent to 102 per cent and 49 per cent to 66 per cent, respectively.

69. Chronic malnutrition levels are very high, with a stunting level of 41 per cent recorded in 2003 among children aged 6-59 months. The nutritional status of children did not improve between 2001 and 2003. The combined effects of drought and HIV/AIDS have created an ongoing humanitarian situation.

70. HIV/AIDS prevalence among 15- to 49-year-olds increased from 8.2 per cent in 1998 to an estimated 14.9 per cent in 2004. Access to ARV is limited to around 2 per cent. In 2004, there were 825,000 maternal orphans in the country, with an estimated 28 per cent of them orphaned by AIDS.

71. **Progress and key results.** The overall goal of the country programme is to support and strengthen Mozambican commitment and capacities to promote, protect and fulfil the rights of children and women.

72. The basic education programme contributed to the following results: the development and implementation of an HIV/AIDS strategic framework for action as well as a gender strategy, a teacher-training strategy and a new child- and girl-friendly primary school curriculum; support to the Government to train 5,697 teachers, 1,367 school directors and 3,532 school council members; support to the

Ministry of Youth and Sports to implement the My Future Is My Choice programme, a life-skills peer education programme for out-of-school children.

73. In nutrition and health, policy and strategy frameworks for maternal and child health and nutrition, PMTCT, community participation, malaria, adolescent sexual and reproductive health, and a strategic plan on sexually transmitted infections/HIV/AIDS were developed. Some 500,000 ITNs were distributed to vulnerable children and pregnant women in 33 districts; and the nutritional status of 200,000 vulnerable children and lactating/pregnant women was improved through a supplementary feeding programme implemented with WFP in 19 drought-affected districts.

74. In water, sanitation and hygiene, national guidelines for this sector were developed and disseminated, reaching 300 Government officials. Safe drinking water was provided to 414,000 people and sanitation facilities to 404,300 people in peri-urban and rural communities, contributing to drinking water coverage of 36 per cent and sanitation coverage of 45 per cent (as recorded in 2003) and to a reduction in diarrhoeal diseases among children.

75. The special protection programme helped to secure an improved legal and policy framework for children at national and provincial levels. Support was provided to the Ministry of Justice to review Mozambican laws related to children to ensure the laws' conformity with the Convention on the Rights of the Child.

76. Through the social policy, advocacy and communication programme, nine Child Parliament sessions took place, eight provincial and one national. In addition, a National Communication Strategy to fight HIV/AIDS was developed.

77. **Resources used.** Of the 2002-2004 approved budget of $51.8 million, $55.1 million was allotted. The allotment available included funds that were rolled over from the previous years and that came from fund-raising efforts through the other resources process and two CAPs. Out of allotted regular resources, 95 per cent was spent in the following areas and percentages: nutrition and health (37), basic education (18); water, sanitation and hygiene promotion (18); special protection (10); cross-sectoral (10); and social policy, advocacy and communication (6). Also, 40 per cent of total expenditures contributed to the HIV/AIDS response.

78. **Constraints and opportunities affecting progress.** Among the constraints to the realization of rights are a high illiteracy and limited access to information. In addition, capacity-strengthening of health and education personnel did not keep pace with expansion of services; the ratio of inhabitants to health staff increased from 1,592 to 2,213; and the proportion of unqualified teachers increased from 30 per cent to 42 per cent. Despite political decentralization financial resource allocation remains centralized, allowing little capacity for financial management at subnational levels.

79. In HIV/AIDS, institutions and management capacity are being strengthened, and the recent formulation of common objectives and priorities are reinforcing intersectoral coordination. The establishment of an OVC coordination mechanism presents an opportunity to scale up assistance. Overall, the strengthened legal protection framework will improve the realization of the rights of children and women.

80. **Adjustments made.** Project objectives in all programmes were revised into expected results, and additional, relevant project monitoring indicators were defined.

South Africa

81. **Introduction.** The joint MTR, in May 2004, was managed by the President's Office on the Rights of the Child (ORC). National departments and the three programme focus provinces conducted reviews. The work of UNICEF with both the Government and civil society was reviewed separately, as the ORC review did not cover this. The final MTR meeting was led by the ORC.

82. **The situation of children and women.** The official estimate for the IMR is 45 per 1,000 live births. A 2003 study estimated that by the year 2000, infant mortality had risen to 60 per 1,000 live births. AIDS is the main cause of deaths for children under 5.

83. HIV prevalence among pregnant women in 2003 was estimated to be 27.9 per cent. A 2002 study found that 13 per cent of children aged 2-14 had lost one or both of their parents, and 3 per cent of households were headed by children aged 12-18.

84. According to the Department of Health, the immunization rate of children under one year improved from 63.4 per cent in 1998 to 78 per cent in June 2004.

85. School enrolment stands at 97.4 per cent, but barriers to access and continuation in school persist in the form of prohibitive costs of transport, school fees and school uniforms as well as household chores. Gender discrimination, sexual harassment, and HIV/AIDS remain particular threats to girls' education.

86. Birth registration allows access to the child support grant and other social support services, but only 51 per cent of births are registered, with lower rates occurring in the rural areas.

87. **Progress and key results.** The 2002-2006 country programme included basic social services, HIV/AIDS prevention and care, communication and community participation, and social policy and local governance. The overall goals of the country programme are to contribute to the fulfilment of children's and women's rights; to support national efforts to reduce the magnitude and impact of HIV/AIDS; and to support learning processes for, and application of knowledge by, duty bearers and rights holders for the realization of the rights of children and women.

88. The South African IMCI strategy incorporates care of children infected with HIV or born to women who are HIV positive, including PMTCT, and antiretroviral therapy. IMCI has been implemented in 49 out of 53 districts; 6, 600 health care providers have been trained; and 4 out of 8 medical schools and 12 out of 30 nursing schools have incorporated IMCI in their curriculum.

89. PMTCT to combat HIV infection has been initiated at 3,000 facilities, including 204 public hospitals and 1,055 clinics throughout the country. A treatment module for the HIV-symptomatic child has been devised and implemented. A review and analysis of the National Integrated Plan for Children and Youth Affected and Infected by HIV and AIDS was completed, identifying gaps in service delivery and challenges to be addressed.

90. UNICEF has played a strong role in supporting the compulsory fortification of maize and wheat flour with eight essential vitamins.

91. The girls' education movement was launched in 2003. The life skills initiative addressing the prevention of violence and HIV in schools was launched in 2004, supported by UNICEF in at least 50 schools in each of the three focal provinces.

92. The number of Sexual Offences Courts has risen from 19 to 50, of which 20 are child-friendly courts supported by UNICEF. UNICEF supported training for legislators, prosecutors, police officers, nurses, social workers and teachers in all nine provinces in partnership with the National Prosecution Authority to improve rape survivor support, counselling, medical care, investigation, reporting and prosecution. Comfort centres for rape survivors were established, and these constitute a best practice to be scaled up.

93. UNICEF has supported the development of a birth registration strategy to include online registration at hospitals.

94. UNICEF supported the development of a strategy, resource materials and methodologies for providing holistic support to OVC at the household and community levels, with a special focus on the 0-3 age group, the National Coordinated Framework for Action, and a National OVC Policy Framework.

95. UNICEF provided technical support and inputs towards the development of a national strategy on child abuse and neglect, and introduction of the Children's Bill.

96. **Resources used.** The budget for 2002-2004 was $14.8 million, including $2.7 million in regular resources. Basic social services and communication and community participation received lower allocations of other resources than planned (70 per cent and 47 per cent, respectively). Allocations for HIV and AIDS were 174 per cent of planned other resources. Expenditure was $11.1 million, against an allocation of $14.5 million, and went towards these programmes in the indicated percentages: $4.4 million to basic social services (40); $3.6 million to HIV and AIDS prevention and care (33); $0.9 million to communication and community participation (8); $1.3 million to social policy and local governance (11); and $0.9 million to cross-sectoral costs (8).

97. **Constraints and opportunities affecting progress.** Several constraints were identified: the interaction of UNICEF with the three focus provinces is not strictly formalized and lacks coordination; provincial ORC representatives are inadequately informed or consulted on UNICEF-supported activities; the MPO remains unsigned by the Government, apparently due to sensitivity to statements on HIV/AIDS; and there is high staff turnover in both UNICEF and the ORC.

98. The South African Constitution and legislative framework provide for the progressive fulfilment of the rights of children. There is potential for accessing the resources of the South African private sector, a development that might require revising the Basic Cooperation Agreement with the Government.

99. **Adjustments made.** The country programme needs to shift from support of policy to the operationalization of policies, programmes and legislation. ORC and provincial coordinators need to be more involved in the planning and monitoring of programmes supported by UNICEF. Joint United Nations programming will be increased in the new UNDAF. A new programme, Orphans and Vulnerable Children and Early Childhood Development, will be established. Programme and project results need to be reformulated to reflect changes in programme structure and to be specific and measurable.

Tanzania

100. **Introduction.** The MTR process began in February 2004 and involved a range of partners at central and local levels, including young people. The process included reviews of the six individual programmes and 12 external studies focusing on aspects of the human rights approach to programming. Results were discussed during a two-day MTR meeting.

101. **The situation of children and women.** Growth in gross domestic product is expected to remain stable in 2005-2006, at 6 per cent. However, the overall rate of poverty has fallen only slightly in the last decade, and rural poverty remains pervasive. The second PRS, known by its Kiswahili acronym, MKUKUTA, was finalized in March 2005.

102. The U5MR and IMR are 162 per 1,000 live births, and 99 per 1,000 live births, respectively. Immunization coverage is over 90 per cent for most antigens, as is vitamin A coverage and household use of iodized salt.

103. NER and GER have increased by about 30 per cent since 2000, surpassing the 2003 PRS target. By 2004, NER had reached 89 per cent. However, secondary school enrolment remains very low.

104. Recent data indicate an HIV prevalence of 7 per cent (7.7 per cent for women; 6.3 per cent for men), with the highest rates occurring in women aged 30-34 and men aged 40-44. Some 10 per cent of children have lost one or both parents to AIDS. This means that nearly 2 million children are orphaned, and the number is expected to increase quickly in the next few years. Regarding child protection, an estimate l 40 per cent of children are economically active, many of them in the worst forms of child labour.

105. Tanzania continues to host Africa's largest refugee population. At the end of 2004, there were 408,301 refugees living in camps in western Tanzania.

106. The Government's efforts to implement the Zanzibar PRS have been affected by exogenous shocks to the economy and household poverty.

107. **Progress and key results.** Using a human rights approach to programming, the country programme supports the realization of the rights of all children, especially those who are disadvantaged and hardest to reach. Objectives were to reduce by the year 2003 (from 2000 levels unless otherwise indicated) the following indicators: the IMR from 99 to 85 per 1,000 live births; the U5MR from 158 to 127 per 1,000 live births; the MMR from 529 to 450 per 100,000 live births; new HIV infections by 25 per cent; the prevalence of stunting in children under 5 from 43 per cent (1999) to 20 per cent, and wasting from 7 per cent to 2 per cent. The programme aimed to increase the GER from 77 per cent to 85 per cent and the NER from 57 per cent to 70 per cent.

108. The 2003 infant and child mortality targets are still far from being met. No data are available for maternal mortality. The use of ITNs has risen from 10 per cent to 63 per cent in two districts, exceeding the MPO target of 60 per cent.

109. Gross and net enrolment rates have exceeded targets, reaching 89 per cent and 81 per cent, respectively.

110. Intensive lobbying by UNICEF should see The Most Vulnerable Children Identification and Support programme become part of a national social protection plan for the most vulnerable children.

111. **Resources used.** The budget for 2002-2004 was $88.8 million, including $22.8 million in regular resources. Regular resources received ($25.1 million) exceeded planned levels ($22 million). Other resources received amounted to $25.1 million, compared with a planned level of $66 million. Expenditure was in the following areas and percentages: $2.3 million to analysis, monitoring, communication and advocacy (4.8); $5.1 million to decentralization and community development (10.4); $11.1 million to basic education and life skills for adolescents (22.7); $12.9 million to ECD (26.5); $9.9 million to emergency preparedness and response (20.3); $3 million to Zanzibar (6.2); and $4.4 million to cross-sectoral costs (9.1).

112. **Constraints and opportunities affecting progress.** Among the key constraints identified were (a) the absence of a national-level strategy to address vulnerability, limiting the extent of a coordinated response, combined with (b) funding shortfalls, in water and environmental sanitation, infant and young child feeding, and education. The limited resources of UNICEF were spread too thinly to achieve sufficient impact.

113. The MTR identified several sectoral constraints: There were difficulties in reaching the most vulnerable and in facilitating participation where no organizational structures exist; the focus of the most vulnerable children programme does not address the specific needs of children under 8; primary school dropout rates remain high, and adolescents need relevant basic and post-primary education; the refugee situation has not diminished significantly; duty bearers in Zanzibari communities have yet to internalize the idea of child rights; and the quality of health services is poor due to lack of supervision.

114. Several opportunities exist: MKUKUTA strategically focuses on the most vulnerable, and the planning of line ministries in accordance with this PRS may help to promote integrated programming; there is high-level political will to initiate a National Social Protection framework for the most vulnerable children as well as the implementation of an OVC plan; and participation by young people is increasing.

115. **Adjustments made.** UNICEF Tanzania must be at the forefront of United Nations reform and move away from the project approach towards a programme that is fully integrated into government systems. A review of objectives and targets will better define the programme contributions to national goals and targets. Future UNICEF support will focus on strengthening national processes to identify and reach the hardest-to-reach children and systems to prevent vulnerability. UNICEF will work in fewer districts to enhance impact. Community development and emergency preparedness and response will be mainstreamed, and operations in the Dar es Salaam office will assume responsibility for sub-office operational functions.

Zambia

116. **Introduction.** The MTR process began in June 2004 and included review meetings with counterparts from June to October, when an MTR meeting involving major stakeholders was held.

117. **The situation of children and women.** Data from 2003 show that 67 per cent of Zambians were living below the national poverty line. Inequality in income has persisted, despite improved macroeconomic conditions and reduced overall poverty levels.

118. The IMR and U5MR are still very high, at 95 and 168 per 1,000 live births, respectively. The MMR was 729 per 100,000 live births in 2002.

119. Malnutrition in children has been increasing. Low weight-for-age percentages increased from 25 per cent to 28 per cent between 1992 and 2002. Low height for age afflicted 47 per cent of children under 5 in 2002.

120. The HIV prevalence rate among adults aged 15-49 years was 15.6 per cent, according to the Zambia Demographic Health Survey 2001-2002.

121. The NER for girls in primary grades increased from 75.3 per cent in 2001 to 84.7 per cent in 2004, and the NER for boys increased from 77.8 per cent in 2001 to 85.7 per cent. The gender gap in primary net enrolment ratio decreased from 2.5 per cent in 2001 to 1.0 per cent in 2004.

122. **Progress and key results.** The goal of the country programme is to build Zambian capacities to uphold national obligations to the survival, development and well-being of children and women within the framework of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme relies on interrelated strategies: support for increasing the access of rights holders to quality social services; capacity development of duty bearers; and advocacy for the rights of women and children.

123. The primary health care and nutrition programme contributed to the following results: national immunization coverage is 80 per cent for all antigens; no polio cases have been reported since 2002; and measles cases have decreased from 30,000 in 2001 to 15 following the 2003 campaign combining immunization with vitamin A supplementation, deworming and distribution of ITNs. In addition, youth-friendly services are now available in all districts. Pregnant women's access to PMTCT services remains low, but the number of facilities providing services has risen from 12 in 2002 to over 90.

124. In education, the proportion of pupils who attained the minimum level of learning performance in English increased from 23.1 per cent in 1999 to 36.7 per cent in 2003 and in mathematics it increased from 26.5 per cent in 1999 to 38.8 per cent in 2003. The number of children out of school dropped by 30 per cent between 2000 and 2003. The NER for girls increased from 69.3 per cent in 2001 to 84.7 per cent in 2004, and for boys from 71.5 per cent in 2001 to 85.7 per cent.

125. In water, sanitation and hygiene education, the percentage of the population with access to safe drinking water increased from 46 per cent in 2001 to 74 per cent in 2003, and in sanitation, the percentage increased from 33 per cent in 2001 to 64 per cent in 2003. More than 20,500 families were reached with methodologies in Participatory Hygiene and Sanitation Transformation. The percentage of schools with safe drinking water sources increased from 78 per cent in 2001 to 85 per cent in 2003.

126. In child protection, as a result of a campaign on sexual and gender-based violence held in June 2004, the Ministry of Justice proposed an amendment to the Penal Code to provide protection for children and agreed to draft a separate Gender Bill. The Department of Youth was supported to plan and organize eight provincial and one national youth-visioning exercise involving more than 6,000 youths.

127. HIV/AIDS activities were implemented in a cross-cutting approach to strengthen national capacity to stop the spread of AIDS through advocacy, prevention of HIV infections in young people, PMTCT, mobilizing support for the care of OVCs and improvement of access to voluntary testing and drug treatment programmes. UNICEF effectively engaged in efforts to reduce infections among 15-

to 19-year-olds through several means: keeping girls in school and providing life-skills education; sponsoring anti-AIDS clubs and training peer facilitators; supporting youth-friendly health services; and advocating for a reduction of gender-based violence and sexual abuse.

128. **Resources used.** Recommended programme funding was $17.9 million in regular resources and $47.5 million in other resources. No data on expenditures or allocations among programmes was provided in the MTR report.

129. **Constraints and opportunities affecting progress.** Since an embargo on cash advances to the Government was ordered by UNICEF, the country office adopted reimbursement and direct payment. This led to delays in implementation, as the Government and partners have difficulties in prefinancing agreed activities and subsequently claiming reimbursement. A second constraint has been a lack of human resource capacity and high staff turnover. Current staffing levels and competencies in the health sector are inadequate. Progress in education was constrained by the humanitarian crisis, which contributed to reduced administrative capacity, teacher shortages, insufficient family resources, and the need for many children to become heads of household. Food and water shortages caused school attendance to decline in 38 out of 72 districts. The child protection programme faced the challenge of low budgetary allocation by the Government. Progress in ECD was constrained by the absence of a comprehensive national IECD policy, and partners' misconceptions about IECD, equating it primarily with pre-school learning instead of holistic child development.

130. **Adjustments made.** UNICEF Zambia needs a more integrated approach to health and nutrition, with sharper focus on areas of comparative advantage (expanded programme on immunization, malaria, PMTCT). In HIV/AIDS, UNICEF will focus more on advocacy, social communication, and monitoring and evaluation, rather than service provision.

Conclusions

131. The eight MTRs in this report were carried out through collective, participatory processes led by the Governments. The recommendations endorsed at MTR meetings were based on evidence-based evaluation research in most cases, but lessons were learned in some countries about not making the MTR process too "heavy". The 2004 MTRs may represent the last generation of single-agency reviews, since in the new UNDAFs, joint evaluations and reviews are planned. Many of the MTRs identified joint programmes as among the most successful, especially with WFP, and identified opportunities for more joint programming. The lessons learned and recommendations from the MTRs strongly influenced programme budget review decisions for the remainder of the country programmes and are being applied in the preparation processes for new country programmes. UNICEF programmes were very successful in influencing policy and legislation, and attention is now turning to influencing national development planning, budgeting and decentralization.